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ABSTRACT

Homeless children confront abject poverty and experience a constellation of risks that are having a devastating impact on their well-being. This paper reviews research linking homelessness among children to hunger and poor nutrition, health problems and lack of health and mental health care, developmental delays, psychological problems, and academic underachievement. In every category explored, children growing up in shelters and hotels are worse off as a group when compared with their permanently housed peers of the same age. Yet homeless children continue to be warehoused in uninhabitable shelters and hotels for excessive periods of time. Since the problems associated with homelessness have only recently been recognized, only the short-term consequences have been examined; little attention is being paid to the long-term trauma to these children. The social costs of producing a lost generation of children, which will include increased costs for criminal and juvenile justice, medical care, and special education programs, are likely to exceed substantially the costs of providing sufficient amounts of permanent housing to end the crisis of homelessness. Our cities and our nation must develop means to defray the enormous societal and human costs of homelessness. A list of 20 references is appended. (AF)

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

THE CHALLENGE OF EDUCATING CHILDREN WHO ARE OR HAVE BEEN HOMELESS

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Paper presented at the 118th Annual Meeting of the American Public Health Association, New York City, October 3, 1990.

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INTRODUCTION

The 1949 Housing Act established a national goal of affordable, decent, safe, and sanitary housing for every American family. This goal was not met in the 1980's. Instead, this decade brought an unprecedented rise in the number of homeless families with children - "a decade of national shame" according to the National Coalition for the Homeless (1989).

Families with children make up the fastest growing segment of the homeless population and by some estimates, account for over 30% of homeless persons in the United States. The National Coalition for the Homeless (1987) estimates that there are as many as 750,000 homeless children nationwide.

The need for New York City to develop a more adequate housing policy is demonstrated by some staggering statistics on the number of families recently requesting emergency shelter: In June, 1990, 947 families applied for shelter - up from 890 in June of 1989; by July, this number had increased to 1,057 (vs. 872 in July of 1989); in August, 1,171 families applied for shelter - up from 888 a year earlier (a 32% increase). Hundreds of thousands more who are doubled-up with relatives and friends, are hovering at the brink of homelessness (defined here as entering the emergency shelter system).

While the City generally attributes this increase to doubled-up families coming forward to get permanent housing, we view this analysis as being flawed. Other factors that are

frequently overlooked include: (1) a weakening local economy which has contributed to the first rise in seven years in the number of families on public assistance - rising 5.5% in fiscal year 1990 from the prior year; and (2) New York City's failure to provide a comprehensive permanent housing program to provide a sufficient number of affordable permanent housing units.

Expanding the emergency shelter system to cope with the skyrocketing number of families without homes is one way of addressing the housing shortage. This, unfortunately, is where the City appears to be placing its focus. In fact, New York City is currently in violation of an agreed upon plan to remove all homeless families from the hotels by July 31st.

Some 3,550 families -- including 6,270 children -- were sheltered in emergency shelter facilities in New York City on September 17, 1990 (Human Resources Administration, 1990). The vast majority of these families became homeless as a result of circumstances beyond their control. Some have lost their permanent housing as a result of fires or vacate orders placed because of dangerous housing conditions. Some are families who have lost their housing because employment was lost, public assistance benefits were erroneously terminated, or their shelter allowance was simply inadequate to pay the rent. Others have lost their permanent housing because, without the assistance of counsel, they were improperly evicted. Others had to leave because they had been living in overcrowded and unhealthy

conditions, or doubled-up with relatives or friends. Some of the women and children are victims of domestic violence.

The trauma accompanying the loss of one's home is devastating for children. This trauma is often compounded by entry into the emergency shelter system and the subsequent dislocation from community, neighbors, services, friends, and schools. With belongings stored in a plastic garbage bag, families typically enter the emergency shelter system only when they have no one left to turn to.

Entry into the emergency shelter system usually involves exposure to a range of risk factors that threaten one's physical and psychological well-being. Media accounts detail the fact that homeless children and their families continue to be placed in transient "welfare hotels" under conditions that are utterly brutal and shocking -- hotel rooms with inadequate heat and hot water; bathrooms that lack privacy and are frequently inoperable; single rooms with one or two beds for an entire family; filthy, vermin-infested mattresses; no cribs for infants; and doors with broken locks. Chipping, peeling and exposed paint in a number of hotels contains lead in concentrations substantially greater than the level permitted by law. These hotels offer little security, and children placed in them are regularly exposed to drug traffic, prostitution, and violent crime. Yet, homeless families are currently being sheltered in welfare hotels at enormous expense -- $2,000 to $3,000 per month per family -- for excessive

periods of time.

The brutal conditions in these facilities are endangering our children. Children need security, privacy, and a place where they can thrive and develop. Instead, the conditions they are exposed to - the squalor, the lack of safe food storage and preparation facilities, physically dangerous environments - predispose these children to an increased risk of disease, injury, situational stress, disorientation, isolation, and hopelessness. The stresses and endangerments we are exposing those youngsters to will undoubtedly have incalculable results.

Outcomes of Homelessness

Research on the impact of homelessness on children indicates that homeless children confront serious threats to their ability to succeed and their future well-being. Of particular concern are health problems and inadequate health care; hunger and poor nutrition; developmental delays; increased frequency of psychological problems; and educational underachievement.

Health Problems and Inadequate Health Care

Studies have consistently found that homeless children have elevated levels of acute and chronic health problems. Wright (1987) compared the occurrence of various diseases and disorders among 1,028 homeless children with rates observed among U.S. ambulatory patients. All of the disorders studied were more common among homeless children, often occurring at double the rate in the general pediatric caseload.

The most common disorders among homeless children were upper respiratory infections (42% vs. 22% in the national sample), minor skin ailments (20% vs. 5%), ear disorders (18% vs. 12%), chronic physical disorders (15% vs. 9%), and gastrointestinal disorders (15% vs. 3.5%). Infestational ailments, although relatively uncommon among homeless children (7%), occurred at over 35 times the rate in the national sample.

Other studies are consistent with these findings. Alperstein and colleagues reviewed the clinic charts of 265 homeless children under 5 who were living in a "welfare" hotel (Alperstein & Armstein, 1988; Alperstein, Rappaport, & Flanigan, 1988). A quarter (27%) of the homeless children were late in getting necessary immunizations, compared to 8% of the 100 poor children who lived in permanent housing. Twice as many homeless children (4%) had elevated lead levels in the blood as compared with 1,072 general population children (1.7%). Rates of hospital admission were almost twice as high for 2,500 homeless children under the age of 18 as for 6,000 children of the same age living in the same area (11.6/1000 compared to 7.5/1000). Even more startling is the fact that 70% of homeless children under the age of two in New York City are not up to date in their immunizations (Redlener, 1989). In addition to the human costs associated with these health concerns, they also have grave fiscal implications. Every one dollar in childhood immunizations saves ten dollars in later medical costs.

While research has demonstrated that poor children have less access to quality health care than middle-class children, children who are both poor and homeless are at an even greater disadvantage. Access to timely and consistent health care is compromised by extreme poverty, removal from community ties, frequent disruptions in family life, and lack of health insurance.

The scarcity of adequate health care for homeless children begins with the paucity of prenatal care available to their mothers. Chavkin and colleagues compared the reproductive experience of 401 homeless women in welfare hotels in New York City to that of 13,249 women in public housing and to all live births in New York City during the same time period (Chavkin, Kristal, Seabron, & Guigli, 1987). Overall, 40% of the homeless women received no prenatal care compared to 14.5% of the public housing residents, and 9% of all women in New York who gave birth during the same period. Significantly more of the homeless women -- 16.3%, compared to 11.4% of women in public housing and 7.4% of all women had low birth weight babies. Infant mortality was also extraordinarily high -- 25 deaths per 1,000 live births among homeless children compared to 17 for housed poor women and 12 per 1,000 citywide.

Hunger and Poor Nutrition

In their survey of 26 cities, the U.S. Conference of Mayors (1987) described a variety of negative effects that homelessness is having on the physical and emotional well-being of homeless

children. Mentioned most frequently were lack of food and/or poor nutrition.

Dehavenon and Benker (1989) report that non-pregnant adults in 202 families requesting shelter in New York City reported eating only once per day over the last three days on average; pregnant women ate twice per day. Although children were reported to have eaten three times per day, suggesting that adults gave up food for them or that they ate elsewhere, children's food intake appears unlikely to be adequate when the nutritional picture for their families is so poor. Among those in the shelter system for at least a week, non-pregnant women lost an average (median) of 8 pounds; of 98 pregnant women, 22% reported losing weight during their pregnancy and an additional 8% reported no weight gain. Nine of 26 families reported stretching infants' formula with water.

Hunger and poor nutrition among homeless families is compounded by a lack of adequate services. The vast majority of homeless families are headed by women who rely on Aid to Families with Dependent Children (AFDC) as their primary source of income. However, these benefits have recently being described as "woefully inadequate" by the National Coalition for the Homeless (1988). Living on incomes generally below 70% of the federal poverty line, families frequently have great difficulty making ends meet. In addition, the efforts of homeless families with children to manage on inadequate benefits are frequently compounded by failure to

receive benefits to which they are entitled, erroneous case closings, and benefit reductions.

The consequences of not meeting young children's nutritional needs are well documented: growth is affected, physical health deteriorates, mental health is adversely affected, behavioral problems increase, the ability to concentrate is compromised, and academic performance suffers.

Developmental Delays

The developmental abilities of homeless children place them at risk for problems later on. Early language and cognitive skills form the necessary foundation for both formal and informal learning. Yet, despite the abundance of literature documenting the importance of quality day care services to provide both social and intellectual stimulation, the existence of such programs for homeless children is clearly inadequate.

Molnar (1988) documents observational and teachers' anecdotal accounts of distressing behaviors of homeless pre-schoolers age 2-1/2 to 5 years. The behaviors most frequently mentioned include:

(a) Short attention span (difficulty sitting still and focusing attention on an activity that others were engaged in);

(b) Withdrawal (tendency to isolate self from others, and instead, engaging in self-stimulating activities such as thumb sucking);

(c) Aggressions (quick to overreact; intrusive behavior);

(d) Speech delays (child is difficult to understand and refrains from the use of language to express needs);

(e) Sleep disorders (afraid to fall asleep, difficult staying asleep);

(f) Regressive/toddler-like behaviors (thumb sucking)

(g) Inappropriate social interaction with adults (unusually friendly with strangers, e.g. hugging, craves attention);

(h) Immature peer interact (does not like to share);

(i) Strong sibling relationships (overly protective);

(j) Immature gross motor behavior (clumsy stride); and

(k) Food issues (throwing temper tantrums until fed; hoarding at meals).

Developmental delays among children age 5 years or younger are more prevalent among homeless children than among their permanently housed peers. Bassuk and colleagues assessed the developmental abilities (gross and fine motor skills; language; and personal and social development) of 81 children (age 5 or younger) living in family shelters in Massachusetts (Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Bassuk & Rosenberg, 1988). Almost half 47% manifested at least one developmental lag in contrast with 16% of housed pre-schoolers. Overall, 36% of the homeless children demonstrated language delays; 34% could not complete the personal and social developmental tasks; 18% lacked gross motor skills; and 15% lacked fine motor coordination.

The availability of quality day care services to provide both social and intellectual stimulation is grossly inadequate. If homeless pre-schoolers are to succeed later in life, preventive intervention programs must be implemented very early in their lives.

Psychological Problems

Given the destructive psychological environmental conditions under which homeless children live, it is not surprising to find that they appear to be at increased risk for anxiety, depression, and behavioral problems. These psychological factors are well known to interfere with one's capacity to learn. Few, unfortunately, ever receive the necessary mental health and other support services that they require.

Bassuk and colleagues evaluated the level of depression, anxiety, and behavioral problems among homeless children (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986; Bassuk & Rosenberg, 1988). Over half of the homeless children (54%) evidenced a need for mental health evaluation based on their scores on the Children's Depression Inventory (e.g. I feel sad). Almost one third (30%) evidenced a need for mental health evaluation based on their scores on the Children's Manifest Anxiety Scale (e.g. I worry a lot of the time). Almost 66% of the boys and 50% of the girls evidenced a need for mental health evaluation based on their scores on the Achenbach Behavior Problem Checklist, which parents fill out concerning their children's behavior.

Behavioral disturbances among pre-school children have also been assessed. In one study (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986), homeless children scored significantly higher than the housed "normal" children on the following problems: attention, sleep, shyness, speech, withdrawal, and aggression. Interestingly, the only area in which homeless children scored

significantly better than housed children was in being less afraid of new things.

The strain of homelessness on children is also reflected in findings from a recent study of 256 homeless children in Columbus, Ohio (Wagner, Menke, Grossman, L., & Tolbert, H. 1990). When asked "If you had three wishes what would they be?," the most common response was "a house." Tragically, other common responses were "food" and "money." When asked to draw a picture, a common theme was to draw furniture placed outside the four walls of a house, or to draw a house suspended in mid air. One does not need a degree to psychology to capture the tragic lesson to be learned from these examples.

Educational Underachievement

Advocates for Children (1989) has conducted extensive research on the educational achievement of homeless children. Last year, we examined the educational records of the entire population of 9,659 homeless school-age children in New York City, and compared them with available overall data on all New York City students.

AFC looked at three indicators of academic performance: reading achievement; mathematics achievement; and holdover rates.

* Only 43% of the 3,805 homeless students (grades 3 through 10) who took the Degrees of Reading Power test (DRP) in May, 1988 scored at or above grade level, compared to 68% of all New York City students.

* Only 28% of the 4,203 students (grades 2 through 8) who took the Metropolitan Achievement Test (MAT) in the Spring of 1988 scored at or above grade level, compared

to 57% of all New York City students.

* Homeless children are held over at double the rate of New York City students in general -- 15% vs. 7%.

In addition to comparing achievement scores with the overall population of New York City students, homeless students reading scores were also compared with students from 73 schools with the highest percentage of low-income students. Only one of the 73 schools had a lower proportion of students reading at or above grade level than homeless students who attended school in the same district.

Government estimates of the number of homeless school age children who do not attend school regularly range from 15% (The United States General Accounting Office, 1989) to 30% (The United States Department of Education, 1989). In contrast, the National Coalition for the Homeless (1987), estimate that 57% of homeless school age children do not attend school regularly.

AFC compared the school attendance of all 6,433 New York City public school students who resided in emergency shelter facilities at some point between February and May 1988 with that of all New York City students. High school students had the greatest absentee record, attending school only 50.9% of the time versus 83.9% of New York City high school students overall. Intermediate rates were reported by junior high school students (63.6% vs. 85.5%) followed by children in elementary schools (73.6% vs. 88.7%).

CONCLUSION

Homeless children confront abject poverty, and experience a constellation of risks which are having a devastating impact on their well-being. The research which has been reviewed here links homelessness among children to hunger and poor nutrition, health problems and lack of health and mental health care, developmental delays, psychological problems, and academic underachievement. In every category explored, children growing up in shelters and hotels are worse off as a group when compared with their permanently housed peers of the same age.

Yet, homeless children continue to be warehoused in uninhabitable shelters and hotels for excessive periods of time. Since the problems associated with homelessness have only recently been recognized, only the short-term consequences have been examined. Little attention is being paid to what the long-term trauma to these children will be.

An entire generation of homeless children face truly unacceptable risks that jeopardize the future potential of each child. In the long run, the social costs of producing a lost generation of children -- which will include increased costs for criminal and juvenile justice, medical care, and special education programs -- are likely to substantially exceed the costs of providing sufficient amounts of permanent housing to end the crisis of homelessness. However, while the societal costs of supporting underemployed, indigent young adults who were once

homeless will be counted in the multiple billions of dollars, the human costs will be much more tragic. Our cities and our nation must develop appropriate and effective response.

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Dedicated to the protection of every young person's right to an education

INTRODUCTION

The 1949 Housing Act established a national goal of affordable, decent, safe, and sanitary housing for every American family. This goal was not met in the 1980's. Instead, this decade brought an unprecedented rise in the number of homeless families with children - "a decade of national shame" according to the National Coalition for the Homeless (1989).

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frequently overlooked include: (1) a weakening local economy which has contributed to the first rise in seven years in the number of families on public assistance - rising 5.5% in fiscal year 1990 from the prior year; and (2) New York City's failure to provide a comprehensive permanent housing program to provide a sufficient number of affordable permanent housing units.

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conditions, or doubled-up with relatives or friends. Some of the women and children are victims of domestic violence.

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The scarcity of adequate health care for homeless children begins with the paucity of prenatal care available to their mothers. Chavkin and colleagues compared the reproductive experience of 401 homeless women in welfare hotels in New York City to that of 13,249 women in public housing and to all live births in New York City during the same time period (Chavkin, Kristal, Seabron, & Guigli, 1987). Overall, 40% of the homeless women received no prenatal care compared to 14.5% of the public housing residents, and 9% of all women in New York who gave birth during the same period. Significantly more of the homeless women -- 16.3%, compared to 11.4% of women in public housing and 7.4% of all women had low birth weight babies. Infant mortality was also extraordinarily high -- 25 deaths per 1,000 live births among homeless children compared to 17 for housed poor women and 12 per 1,000 citywide.

Hunger and Poor Nutrition

In their survey of 26 cities, the U.S. Conference of Mayors (1987) described a variety of negative effects that homelessness is having on the physical and emotional well-being of homeless

children. Mentioned most frequently were lack of food and/or poor nutrition.

Dehavenon and Benker (1989) report that non-pregnant adults in 202 families requesting shelter in New York City reported eating only once per day over the last three days on average; pregnant women ate twice per day. Although children were reported to have eaten three times per day, suggesting that adults gave up food for them or that they ate elsewhere, children's food intake appears unlikely to be adequate when the nutritional picture for their families is so poor. Among those in the shelter system for at least a week, non-pregnant women lost an average (median) of 8 pounds; of 98 pregnant women, 22% reported losing weight during their pregnancy and an additional 8% reported no weight gain. Nine of 26 families reported stretching infants' formula with water.

Hunger and poor nutrition among homeless families is compounded by a lack of adequate services. The vast majority of homeless families are headed by women who rely on Aid to Families with Dependent Children (AFDC) as their primary source of income. However, these benefits have recently being described as "woefully inadequate" by the National Coalition for the Homeless (1988). Living on incomes generally below 70% of the federal poverty line, families frequently have great difficulty making ends meet. In addition, the efforts of homeless families with children to manage on inadequate benefits are frequently compounded by failure to

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The consequences of not meeting young children's nutritional needs are well documented: growth is affected, physical health deteriorates, mental health is adversely affected, behavioral problems increase, the ability to concentrate is compromised, and academic performance suffers.

Developmental Delays

The developmental abilities of homeless children place them at risk for problems later on. Early language and cognitive skills form the necessary foundation for both formal and informal learning. Yet, despite the abundance of literature documenting the importance of quality day care services to provide both social and intellectual stimulation, the existence of such programs for homeless children is clearly inadequate.

Molnar (1988) documents observational and teachers' anecdotal accounts of distressing behaviors of homeless pre-schoolers age 2-1/2 to 5 years. The behaviors most frequently mentioned include:

(a) Short attention span (difficulty sitting still and focusing attention on an activity that others were engaged in);

(b) Withdrawal (tendency to isolate self from others, and instead, engaging in self-stimulating activities such as thumb sucking);

(c) Aggressions (quick to overreact; intrusive behavior);

(d) Speech delays (child is difficult to understand and refrains from the use of language to express needs);

(e) Sleep disorders (afraid to fall asleep, difficult staying asleep);

(f) Regressive/toddler-like behaviors (thumb sucking)

(g) Inappropriate social interaction with adults (unusually friendly with strangers, e.g. hugging, craves attention);

(h) Immature peer interact (does not like to share);

(i) Strong sibling relationships (overly protective);

(j) Immature gross motor behavior (clumsy stride); and

(k) Food issues (throwing temper tantrums until fed; hoarding at meals).

Developmental delays among children age 5 years or younger are more prevalent among homeless children than among their permanently housed peers. Bassuk and colleagues assessed the developmental abilities (gross and fine motor skills; language; and personal and social development) of 81 children (age 5 or younger) living in family shelters in Massachusetts (Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Bassuk & Rosenberg, 1988). Almost half 47% manifested at least one developmental lag in contrast with 16% of housed pre-schoolers. Overall, 36% of the homeless children demonstrated language delays; 34% could not complete the personal and social developmental tasks; 18% lacked gross motor skills; and 15% lacked fine motor coordination.

The availability of quality day care services to provide both social and intellectual stimulation is grossly inadequate. If homeless pre-schoolers are to succeed later in life, preventive intervention programs must be implemented very early in their lives.

Psychological Problems

Given the destructive psychological environmental conditions under which homeless children live, it is not surprising to find that they appear to be at increased risk for anxiety, depression, and behavioral problems. These psychological factors are well known to interfere with one's capacity to learn. Few, unfortunately, ever receive the necessary mental health and other support services that they require.

Bassuk and colleagues evaluated the level of depression, anxiety, and behavioral problems among homeless children (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986; Bassuk & Rosenberg, 1988). Over half of the homeless children (54%) evidenced a need for mental health evaluation based on their scores on the Children's Depression Inventory (e.g. I feel sad). Almost one third (30%) evidenced a need for mental health evaluation based on their scores on the Children's Manifest Anxiety Scale (e.g. I worry a lot of the time). Almost 66% of the boys and 50% of the girls evidenced a need for mental health evaluation based on their scores on the Achenbach Behavior Problem Checklist, which parents fill out concerning their children's behavior.

Behavioral disturbances among pre-school children have also been assessed. In one study (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986), homeless children scored significantly higher than the housed "normal" children on the following problems: attention, sleep, shyness, speech, withdrawal, and aggression. Interestingly, the only area in which homeless children scored

significantly better than housed children was in being less afraid of new things.

The strain of homelessness on children is also reflected in findings from a recent study of 256 homeless children in Columbus, Ohio (Wagner, Menke, Grossman, L., & Tolbert, H. 1990). When asked "If you had three wishes what would they be?," the most common response was "a house." Tragically, other common responses were "food" and "money." When asked to draw a picture, a common theme was to draw furniture placed outside the four walls of a house, or to draw a house suspended in mid air. One does not need a degree to psychology to capture the tragic lesson to be learned from these examples.

Educational Underachievement

Advocates for Children (1989) has conducted extensive research on the educational achievement of homeless children. Last year, we examined the educational records of the entire population of 9,659 homeless school-age children in New York City, and compared them with available overall data on all New York City students.

AFC looked at three indicators of academic performance: reading achievement; mathematics achievement; and holdover rates.

* Only 43% of the 3,805 homeless students (grades 3 through 10) who took the Degrees of Reading Power test (DRP) in May, 1988 scored at or above grade level, compared to 68% of all New York City students.

* Only 28% of the 4,203 students (grades 2 through 8) who took the Metropolitan Achievement Test (MAT) in the Spring of 1988 scored at or above grade level, compared

to 57% of all New York City students.

* Homeless children are held over at double the rate of New York City students in general -- 15% vs. 7%.

In addition to comparing achievement scores with the overall population of New York City students, homeless students reading scores were also compared with students from 73 schools with the highest percentage of low-income students. Only one of the 73 schools had a lower proportion of students reading at or above grade level than homeless students who attended school in the same district.

Government estimates of the number of homeless school age children who do not attend school regularly range from 15% (The United States General Accounting Office, 1989) to 30% (The United States Department of Education, 1989). In contrast, the National Coalition for the Homeless (1987), estimate that 57% of homeless school age children do not attend school regularly.

AFC compared the school attendance of all 6,433 New York City public school students who resided in emergency shelter facilities at some point between February and May 1988 with that of all New York City students. High school students had the greatest absentee record, attending school only 50.9% of the time versus 83.9% of New York City high school students overall. Intermediate rates were reported by junior high school students (63.6% vs. 85.5%) followed by children in elementary schools (73.6% vs. 88.7%).

CONCLUSION

Homeless children confront abject poverty, and experience a constellation of risks which are having a devastating impact on their well-being. The research which has been reviewed here links homelessness among children to hunger and poor nutrition, health problems and lack of health and mental health care, developmental delays, psychological problems, and academic underachievement. In every category explored, children growing up in shelters and hotels are worse off as a group when compared with their permanently housed peers of the same age.

Yet, homeless children continue to be warehoused in uninhabitable shelters and hotels for excessive periods of time. Since the problems associated with homelessness have only recently been recognized, only the short-term consequences have been examined. Little attention is being paid to what the long-term trauma to these children will be.

An entire generation of homeless children face truly unacceptable risks that jeopardize the future potential of each child. In the long run, the social costs of producing a lost generation of children -- which will include increased costs for criminal and juvenile justice, medical care, and special education programs -- are likely to substantially exceed the costs of providing sufficient amounts of permanent housing to end the crisis of homelessness. However, while the societal costs of supporting underemployed, indigent young adults who were once

homeless will be counted in the multiple billions of dollars, the human costs will be much more tragic. Our cities and our nation must develop appropriate and effective response.

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